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CONFIRMATION NO. 7752

<b>SERIAL NUMBER</b> 10/569,553	<b>FILING OR 371(c) DATE</b> 02/27/2006 <b>RULE</b>	<b>CLASS</b> 053	<b>GROUP ART UNIT</b> 3721	<b>ATTORNEY DOCKET NO.</b> 02334900316	
<b>APPLICANTS</b> Dario Rea, Monterenzio, ITALY; Pierluigi Castellari, Castel San Pietro Terme, ITALY;					
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB05/02004 06/30/2005 OK <i>XX</i>					
<b>** FOREIGN APPLICATIONS *****</b> ITALY BO2004A00450 07/21/2004 OK <i>XX</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <i>XX</i> <b>** 08/17/2006</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Anthony Lao</i> <i>XX</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 5	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 004372					
<b>TITLE</b> Dosing device for feeding an infusion product					
<b>FILING FEE RECEIVED</b> 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		